

2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|---------------------------------|--|--|--|--|--|
| DOCUMENT # P02000050884 1. Entity Name PRIME RATE LENDING GROUP, INC. | | | | | | FILED 06 NOV 30 12:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 7270 NW 12 ST 380 MIAMI, FL 33126 | | | | Mailing Address 7270 NW 12 ST 380 MIAMI, FL 33126 | | | |
| 2. Principal Place of Business 7575 W 36 Ave. | | | | 3. Mailing Address same | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State Hiawah Garden, FL | | | | City & State | | | |
| Zip 33018 | | Country US | | Zip | | Country | |
| 4. FEI Number 75-3054534 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | REINSTATEMENT (11/05) <i>De</i> | | | |
| 6. Name and Address of Current Registered Agent RICARDO A GONZALEZ & ASSOCIATIONS, P.A. AIRPORT EXECUTIVE TOWER II 7270 NW 12 ST PH 9 MIAMI, FL 33126 | | | | 7. Name and Address of New Registered Agent Name Lourdes A. Fernandez Street Address (P.O. Box Number is Not Acceptable) 7575 W 36 Avenue Hiawah Gardens, FL 33018 City FL Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECR FERNANDEZ, LOURDES A 7270 NW 12 ST, SUITE 380 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600082328726 12/06/06--01058--006 **150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES FERNANDEZ, CARLOS 7270 NW 12 ST, SUITE 380 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE FERNANDEZ, LOURDES A 7270 NW 12 ST MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA FERNANDEZ, CARLOS 7270 NW 12 ST, SUITE 380 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR WOLF, SAUL 7270 NW 12 ST, SUITE 380 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR ZAYAS, PAVEL 7270 NW 12 ST, SUITE 380 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | |
| Date Daytime Phone # | | | | | | | |

K. Eckel NOV 30 2006